

NAVAL STATION NORFOLK REENLISTMENT REQUEST

Name: _____ Rate/Des: _____ Today's Date: _____
 (Full name) (SW/AW) Etc.

SSN: _____ Dept/WC: _____ Phone #: _____

Requested Reenlistment Date: _____ Time: _____ Location: _____

Reenlisting Uniform: _____ Program (STAR, SRB, etc.): _____
 * (Counselors are to complete SRB worksheet and attach if eligible for SRB)

of Years Requesting _____ Sell leave (yes) (no) # of Days _____

Spouse attending (yes) (no) Spouse's Full Name for certificate: _____
 (please circle one) (Please write legibly)

Full Name of Reenlisting Officer (Please Print): _____

Title of Reenlisting Officer: _____

Signature of Reenlisting Officer: _____

Congratulations! Please read the following: "I understand that I cannot change my reenlistment date if within the 30 day window, without the expressed permission of the Command Career Counselor."

Signature of Person Reenlisting: _____ Date: _____

*****RETURN TO DEPARTMENTAL CAREER COUNSELOR FOR SCREENING*****

DEPARTMENTAL CAREER COUNSELOR SCREENING

Date S/R Screened: _____ ASDS: _____ EAOS: _____ PRD: _____

Date of Last Eval: _____ Recommended for Retention (check latest eval/Fitrep): yes no

High Year Tenure Date _____ (E4 = 10 yrs, E5 = 20 yrs, E6 = 22 yrs, E7 = 24 yrs, E8 = 26 yrs, E9 = 30 yrs)

Dependency Care Certificate verified By: _____ (Mandatory Requirement prior to Reenlistment/Extensions)

RECOMMENDATION / SIGNATURE / DATE

YES NO LPO: _____

YES NO LCPO: _____

YES NO DIVO: _____

YES **NO DEPT HEAD _____

** If "NO" forward to XO/CO for final approval/disapproval with Service Record

Command Career Counselor: _____
 (Signature and Date received)